

RONALD FANTOZZI

1 OF 18



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Ronald Fantozzi

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IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO

Michael Harris, et al.

vs.

Case No. C-1-01-428

Purdue Pharms L.P., et al.

AFFIDAVIT OF NO RECORDS

Records Pertaining To: Ronald Pantozzi

Type of Records: Medical and Billing

I, the undersigned, am the duly authorized Custodian of Records for Letafati, Atzollah, M.D., am over eighteen (18) years of age, competent of making this affidavit and personally acquainted with the facts herein stated:

- (a) That a thorough search of our files, carried out under my direction and control, revealed no records on the person(s) named in the attached authorization.
- (b) It is to be understood that this does not mean that records do not exist under another spelling, another name or under another classification, but that with the information furnished our office and to the best of our knowledge, no such records exist in our files.

LORETTA BISCHOFF, RN, MSN 8/25/03

AFFIANT (Custodian of Records)

Custodian of Records for:

Sworn to and subscribed before me on this the _____ day of _____, 20____

NOTARY PUBLIC

My Commission Expires: _____

Retention Policy: (The number of years records are maintained prior to destruction) _____

Comments: (Reason why records are not available) _____



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Ronald Fantozzi

FROM: Luke W. Ballenger, III, M.D.
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PROGRESS NOTE

Ronald Fantozi
D.O.B. [REDACTED]/62

April 16, 1999

SUBJECTIVE: Mr. Fantozi had originally been scheduled for a brief follow up visit, however, his chart had been inactive for three years. When he came to the session late, he was rescheduled for April 16th and that since he had been out of the practice for three years that we would need to do another psychiatric evaluation to update us on the last three years. He was due to be seen at 3:15 p.m. today, however, he was a no-show/no-call.

LB:mjh


Luke Ballenger, III, M.D.

500685.022.0001

PROGRESS NOTE

10/13/95

FANTOZZI, RONALD

States Serzone made him anxious, and he stopped it after about a week. He did not go up to the higher dose of 150 mg. He states he slept about 5 hours last night straight through. He still has initial insomnia. Energy level is about 70% of baseline. Appetite is about 70% of baseline. Denies any suicidal or homicidal ideation. Anxiety: He rates it on a scale of 100, with 100 being the maximum amount of anxiety. He states he's nervous over the smallest things. Denies any racing thoughts or grandiosity. Concentration is fair most of the time, but does have decreased concentration at other times. He states he takes Hydroxyzine on occasion, 10 mg and not the 25 mg which he was given a prescription for last time. He has not filled that prescription yet. He states that the Hydroxyzine does help with anxiety. He's had one major attack since his last visit and that was in the morning after he drank two mixed drinks the previous nights. His symptoms included shortness of breath, diaphoretic problems, tachycardia, and dizziness. These symptoms lasted for about 2 hours. He is strongly encouraged not to drink alcohol, since some of these symptoms could be withdrawal side effects. He states he's had minor attacks, mainly chest pain associated with them, but no other symptoms. These can occur several times per day, and usually will last a few minutes, however, he still has background anxiety.

ASSESSMENT: Patient is still anxious and has difficulty with side effects from medicine.

PLAN:

1. Continue Hydroxyzine prn.
2. I discussed with the patient the possibility of using Trazodone at bedtime for sleep. He was informed that this is somewhat similar to Serzone. He was also warned about the potential sedating effects of the medicine, no driving while on it, as well as to be careful with sudden changes in position. He was given Rx for Trazodone, 50 mg PO at hs prn insomnia, 30 tabs prescribed. Follow up with me in 4 weeks.

LB/sb

Luke Ballenger
LUKE BALLENGER, M.D.

PROGRESS NOTE

9/25/95

FANTOZZI, RONALD

The patient was seen today. I previously had a phone conversation with Mrs. Fantozzi in mid September in regards to his panic attacks. At that point, I had okayed the patient taking two Vistarils, 10 mg tabs. Today, he states he's had two major panic attacks since my initial visit with him on 9/7. He took Xanax once with fairly prompt relief. He quit taking Desipramine because of increasing anxiety. Also, Hydroxyzine did work but apparently slowly. He also complains of difficulty getting erections with Desipramine. Benefits and side effects of various antidepressants were discussed with him. He was informed that most of the psychotropic medications do have potential for sexual dysfunction. He states he is sleeping about 4 to 5 hours per night which is what he was sleeping previously. He has a good appetite, eating 3 meals per day. He has normal energy level. He has not missed work. Denies any suicidal or homicidal ideation. He has good self-esteem. No helplessness. No hopelessness. I discussed my concerns with the patient about being on a regular dose of Xanax because of potential for addiction, and the patient was agreeable to a trial of Serzone. Benefits and side effects were discussed with him on that medication. He was given 2-week sample supply of Serzone.

ASSESSMENT: Patient still has panic attacks but mainly appears to have minor panic attacks.

PLAN:

1. Serzone, 100 mg PO bid x7 days; increase to 150 mg PO bid. Given one week supply of the 100 mg tabs and one week supply of 150 mg tabs starter kit.
2. F/U with me in 2 weeks.

LB/sb

Luke Ballenger MD
LUKE BALLENGER, M.D.

INITIAL PSYCHIATRIC EVALUATION

FANTOZZI, RONALD

DOB: 4/16/62

9/7/95

IDENTIFICATION: The patient is a 33-year-old married white man with a chief complaint, "I was having anxiety attacks."

HISTORY OF PRESENTING ILLNESS: The patient has been having anxiety attacks for the past 3 years, however, they have been getting increasingly more severe in the last 2 or 3 months. He's now had six full anxiety attacks last month. These consist of tachycardia, numbness in the fingers, passing out without head trauma, diaphoretic palms, and headaches. These symptoms last anywhere from several minutes to a couple of hours. He has a history of generalized mild anxiety, but nonfocalized attacks and not as severe as the current ones. He has been working with organic solids at a plastics company and works with polyurethane plastics. He has a history of having colds, but now they have progressed to bronchitis with a productive cough. He denies any other acute stressors. The anxiety attacks in the past have been controlled by deep breathing, however, that is no longer efficacious. There is one recent event where OSHA came by his work place and made some recommendations, such as wearing steel toe safety shoes, as well as a couple of other safety recommendations, but these did not address any solvent hazards. He denies any suicidal ideation. Denies any history of attempts. Denies any homicidal ideation. Denies any crying spells. He's sleeping about 5 hours per night which has been low normal for him. He has middle insomnia, but no initial insomnia. He denies any concentration problem, decreased energy, or anhedonia. He has good self-esteem. He likes to go fishing. Denies any helplessness or hopelessness. He does have an intermittent appetite disturbance, but no weight loss. He denies any psychotic symptoms when asked. He denies a history of manic symptoms when asked. These anxiety attacks can occur at work, and he has to go to the office when he has an attack. He's not been to work this week except for very briefly on Tuesday. He admits to occasional alcohol usage, about one beer per month. He denies any OUI arrests. He denies any history of drug abuse.

PAST PSYCHIATRIC HISTORY: None. He's been on Xanax, 0.25 mg prn, and he was given a prescription for 10 of these several days ago. He has 8 of them left. He's been on Zoloft, 400 mg per day for about 2 days for his anxiety, but quit due to neck pain. That was 5 months ago.

(SEE NEXT SHEET)

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FANTOZZI, RONALD
9/7/95
PAGE 2

PAST MEDICAL HISTORY: He has a history of recurrent bronchitis and Crohn's disease. He denies any history of hypertension, diabetes, epilepsy, hepatitis, or tuberculosis. He denies any head trauma. He has no known drug allergies.

CURRENT MEDICATIONS: Xanax .25 mg prn.

SURGERY: Partial colon resection of 1 1/2 feet and cholecystectomy.

FAMILY HISTORY: No history of psychiatric problems in the family. No suicides. No alcohol abuse. No drug abuse. No pulmonary problems in the family. No cancer. No myocardial infarctions. No diabetes mellitus.

SOCIAL HISTORY: He was born in New Britain, Ct. He moved with his family to Lewiston, Maine when he was quite young. He has a ninth grade education. He was nonspecific as to the reason why he stopped at that age. He did have to repeat the second grade. He went to work at about age 18. Apparently, he stayed at home for 2 to 3 years, doing odd jobs before he started a regular job. Denies having a GED. He's been married once to his current wife of 10 years. He has three children. He has a 12-year-old daughter by another woman prior to marrying his current wife whom he sees about once every other week. He has a 7-year-old boy and a 5-year-old daughter by his wife. He denies any history of abuse as a child. He denies any current legal problems. He was not raised in any particular church as a youngster, though he attends occasionally now. He lives in Lewiston with his wife and two children. His longest job has been for five years.

REVIEW OF SYSTEMS: Significant for diarrhea. He has migraine headaches on occasion, but denies any paresthesias outside of the anxiety attacks. Denies any urinary complaints or pulmonary complaints.

MENTAL STATUS EXAMINATION: He is alert and oriented to person and place but not time. He said it was August and could not state the date in 1996. His mood was "happy." His affect was blunted. His speech was normal rate, tone, and prosody. Behavior: Occasional fidgeting. He was dressed casually and had good eye contact. Thought processes were goal directed. Thought content: Not suicidal or homicidal. He had anxiety symptoms with

(SEE NEXT SHEET)

FANTOZZI, RONALD
9/7/95
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diaphoretic palms, tachycardia, and numbness in the fingers as well as headaches. He had middle insomnia, but denied any other symptoms of depression. Denied any manic symptoms or any psychotic symptoms. On cognitive examination, immediate recall was 3 objects out of 3 objects at 0 minutes; delayed recall was 3 objects out of 3 objects at 5 minutes. Short-term memory was fair for yesterday's events. Long-term memory was fair for life events. President recall was back to Mr. Carter with prompting. Proverbs: He had no response to people who live in glass houses should not throw stones. He was able to abstract to don't cry over split milk. Serial 3's were done at average speed with one mistake. Digit span was 7 numbers forward and 3 numbers in reverse.

IMPRESSION: This is a 33-year-old married man who has signs and symptoms of a panic disorder. He did admit to some agoraphobic symptoms with restriction in his going out because of his fear of having an attack in a crowded place. There appears to be no history of alcohol or drug abuse.

DIAGNOSES

Axis I: Panic disorder with agoraphobia.

Axis II: Deferred.

Axis III: Bronchitis.

Axis IV: Job stressors.

Axis V: Current GAF of 45/highest in past year 80.

PLAN:

1. Desipramine, 50 mg, 1 tab PO qhs x7. Then increase to 2 tabs PO qhs, 25 tabs prescribed. Patient was informed of benefits and side effects of Desipramine and possible sedation from it.
2. Hydroxyzine, 10 mg PO q6h prn anxiety, 40 tabs prescribed. Patient was informed of benefits and side effects of this medication, including the risk of drowsiness, and was urged to use caution with this while at work.
3. F/U in 2 weeks.

LB/sb

Luke Ballenger
LUKE BALLENGER, M.D.



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Ronald Fantozzi

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MAINE CARDIOLOGY ASSOCIATES, P.A.
 Roy J. Ulin, M.D., FACC
 Nina G. Miller, FNP
 10 High St., Suite 304
 Lewiston, ME 04240

▲ HOLTER REPORT ▲

Patient Name	FANTOZZI	First	RONALD	<input type="checkbox"/> MI
Start Time	16:30	Hook Up Date	07/02/01	
Patient I.D.	18974	Age	39	Sex <input checked="" type="checkbox"/> M
Indications				
Medications				
Facility	MCA	Department		
Ordering Physician	BOULANGER, M.D.	First		
Interpreting Physician	ULIN, M.D., F.A.C.C.	First	ROY	
Look-up by	CG	Scanned by	KB	
Recorder Number	39	Number of Channels	3	

Report prepared on the HOLTER REPORTER manufactured by APPLIED CARDIAC SYSTEMS, INC.
 THIS REPORT INCLUDED PROFESSIONAL REVIEW OF FULL DISCLOSURE ECG AND VISUAL SUPERIMPOSITION SCANNING.

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DICTATED BY
 P.M.I.

500685.098.0001

P/ SR
 have VPC's
 have SVB's

7/10/01 sent to Dr. R. J. Ulin

PATIENT NAME: PANTOZZI, RONALD

BOOK UP DATE: 07/02/01

ECTOPIC NARRATIVE

(Non-Ectopic)

The Patient was monitored for a period of 23 hours and 17 minutes. The TOTAL NUMBER of BEATS was 120669 with an AVG RATE of 87. The Maximum BPM was 150 with the Minimum BPM of 61. WIDE BEATS Totalled 62 representing <1% of all beats. WIDE COUPLETS totalled 10. WIDE RUNS totalled 10. PAUSES totalled 0. NARROW RUNS totalled 10. ISOLATED EARLY NARROW BEATS totalled 236 representing 2% of all beats. Total Minute(s) NOT ANALYZED: 44 representing 3 % of the study.

ISCHEMIC NARRATIVE

CH1-ST levels averaged -1.1 mm with the MAX of +0.2 mm and the MIN of -2.9 mm. Total Minutes in excess of 1 mm from the AVG was 20 representing 1 % of the time monitored. The LONGEST duration in excess of 1 mm from AVG was 3 minutes with the onset at 14:15.

CH2-ST levels averaged +1.0 mm with the MAX of +2.6 mm and the MIN of -0.1 mm. Total Minutes in excess of 1 mm from the AVG was 11 representing 1 % of the time monitored. The LONGEST duration in excess of 1 mm from AVG was 2 minutes with the onset at 14:37.

CH3-ST levels averaged -4.0 mm with the MAX of +2.6 mm and the MIN of -5.0 mm. Total Minutes in excess of 1 mm from the AVG was 281 representing 20 % of the time monitored. The LONGEST duration in excess of 1 mm from AVG was 14 minutes with the onset at 00:17.

COMMENTARY / IMPRESSIONS

1. The underlying rhythm is sinus at a rate of 61 to 150.
2. There are rare ventricular ectopic beats.
3. There are rare supraventricular premature beats.
4. The patient reported "irregular heart rate with shortness of breath" at 2000 at which time the rhythm was normal sinus.

sent on 8/21/01 7/12/01

ROY ULIN, M.D., F.A.C.P.

TOTAL P.03

500685.098.0002